

Unit No. 2036		Client Name OH MATERIALS				Location 1007 OSWEGO ST UTLA NY				Date 06-20-87	
Facility Equipment N/A	Detect Clock N/A	Weapon No. N/A	Holster N/A	Nightstick N/A	Raincoat ✓	Flashlight ✓	Other 2 GATE KEYS, LOG BOOKS RADIO				
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.						Officer—Day Shift (Name) Kenneth F. Kelly		Officer—Swing Shift (Name) Brooklyn McNeil		Officer—Grave Shift (Name) George John D	
Shift		Began		Ended		Shift		Began		Ended	
		8 AM-PM		4 AM-PM				9 AM-PM		12 AM-PM	
Observations or actions taken		Yes	No	Explanation		Yes	No	Explanation		Yes	No
Rounds or stations missed			✓				✓				✓
Unlocked doors, gates or windows			✓				✓				✓
Unlocked vaults or safes			✓				✓				✓
Fire-smoke or hazards			✓				✓				✓
1. Extinguishers missing or defective			✓				✓				✓
2. Sprinkler system defective			✓				✓				✓
3. Fire doors or exits blocked			✓				✓				✓
4. Rubbish accumulation			✓				✓				✓
5. Motors running			✓				✓				✓
6. Lights left burning			✓				✓				✓
Injury hazards			✓				✓				✓
Visitors			✓				✓				✓
Trespassing			✓				✓				✓
Violation of company rules			✓				✓				✓
Remarks People from Pot and EPA showed up to switch vehicles											
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.											
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift	
		Yes		No		Yes		No		Yes	
2. Did you suffer any illness?		Yes		No		Yes		No		Yes	
3. Have you reported all accidents coming to your attention?		Yes		No		Yes		No		Yes	
Signatures		1.		2.		3.		1.		2.	
		Kenneth F. Kelly		Brooklyn McNeil		George John D		1.		2.	
Signatures		2.		3.		1.		2.		3.	
Signatures		3.									

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